

CAMBRIDGE COMMUNITY PLAYERS

PLAY SUBMISSION FORM ----- for the Season year _____ to _____

PLAY: _____ AUTHOR: _____ Publisher: _____	Country of Origin: _____ Year first published: _____ Copyright Holder: _____
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TYPE: Comedy Drama Mystery Historical Musical Romance Other: _____

ACTORS:	APPROXIMATE AGES								
TOTAL NEEDED	Kids	Young Teens	Older Teens	20's	30's	40's	50's	60's	70 +
_____ MALE									
_____ FEMALE									
_____ KIDS									

Notes re Actors:

SETTING:	
SYNOPSIS:	
SET NEEDED:	
COSTUMES	
MUSICIANS NEEDED:	NO YES (Please specify):
MUSICAL DIRECTOR NEEDED?	NO YES
SPECIAL:	
COMMENTS:	

Interested in the play as a WODL entry ?	NO	YES	_____ In Festival	_____ Out of Festival (Adjudication only)
BUDGET:				
PHONE:	HOME ()	PREFERRED SHOW DATES:		
	CELL ()			
	WORK ()	SUBMISSION DATE:		
SUBMITTED BY: (Please attach resumé)				EMAIL: